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\*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/399,606 07/30/2002

OK-

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

none-

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 10/08/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 7	TOTAL CLAIMS 43	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>David Schaller</i> Initials: <i>DS</i>				

ADDRESS

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TITLE

Electromagnetic logging tool calibration system

FILING FEE  RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )